

FILED DEC 8 1948 318

Registration District No.

Primary Registration District No.

1003

Registrar's No. **10430**

1. PLACE OF DEATH:

(a) County
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
MISSOURI BAPTIST HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community
years, months or days

3. (a) PRINT

FULL NAME **Gwendolyn Marie Rall**

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased **October 27 1948**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 hr. min.

9. Birthplace **MISSOURI BAPTIST HOSPITAL**
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name **George Frank Rall**
13. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Retha Marie Hamilton**
15. Birthplace **Ritchey, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **George F. Rall**
(b) Address **3232 California**
17. (a) **Anatomical Board** (b) Date thereof **NOV 30 1948**
(Burial, cremation) (Month) (Day) (Year)
(c) Place: burial or cremation **Anatomical Board**

18. (a) Signature of funeral director **Rowland Mortuary Service**
(b) Address **4104 Manchester Ave.**
19. (a) **NOV 30 1948** (b) **J. B. Dosaler**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **San**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3232 - California**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **28**
year **1948** hour **2:00** minute **AM**
21. I hereby certify that I attended the deceased from **Oct 27**
1948 to **Oct 28** 1948
that I last saw her alive on **Oct 29** 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Conjugal Abstinence
Due to **Pne Monitory**

Due to
Other conditions
(Include pregnancy within 3 months of death)
159

Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place)
(e) Means of injury
23. Signature **John B. O'Neil** (M. D. or other)
Address **1222 Missouri Theatre** Date signed **10/28/48**

for - 6000

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.